



Department of Workforce Services
Fidelity Bond Certification Form

From/Return to:

**Department of Workforce Services
Attn: Bonding Program Specialist
140 E. 300 S.
Salt Lake City, Utah 84111**

Employer Receiving Bond:

Company Name:		
Contact Person:		
Address:		
City:	State:	Zip Code:
Date Affirmed: / /		

Employee to be Covered by Bond:

Last Name:	First Name:
Bond Effective Date: / /	SSN: - -
<input type="checkbox"/> New <input type="checkbox"/> Renewal	Total Bond Amount: \$ _____,000

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Signature of DWS Service Provider

Telephone Number

Official Bond Issuance Stamps:

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